

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/673143

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2	/	1	/		/	
3	/		/		/	
4	/		/		/	
5	(1)		/		/	
6	(1)		/		/	
7	(1)		/		/	
8	(1)		/		/	
9	(1)		/		/	
10	(1)		/		/	
11	(1)		/		/	
12	(1)	1	/		/	
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49						
50						
TOTAL IND.			1			
TOTAL DEP.			11			
TOTAL CLAIMS			12		12	

	*	*	*	*
	IND.	DEP.	IND.	DEP.
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TOTAL IND.				
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TOTAL CLAIMS				